Leukocytoclastic Vasculitis after Steroid Injection

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Picture 1.

Picture 2.

A 27-year-old previously healthy male presented with an acute onset right foot pain associated with a rash. Ten days prior to admission, he underwent a steroid injection for a neuroma located between the third and fourth toes of his right foot. An examination revealed numerous erythematous non-blanchable monomorphic papules and pustules on the right dorsal foot, which had developed over the preceding 24 hours. The results of laboratory studies were within normal limits. Initial broad-spectrum antibiotics were stopped, and acyclovir at 10 mg/kg IV every 8 hours was started while awaiting the results of a skin biopsy. The pathology was consistent with leukocytoclastic vasculitis (LCV) without any viral cytopathic effects being identified. The rash resolved after the patient received a prednisone taper over a two week period. LCV is a small-vessel vasculitis that has

been shown to be induced by various drugs. While the exact mechanism underlying its development is unknown, LCV may represent an immune complex mediated process, where drugs may act as haptens to generate an immune response (Picture 1, 2).

The author states that he has no Conflict of Interest (COI).

References

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